



Docket No. 1481/65021/JPW/AG

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Michael J. Elliot et al.

Serial No. : 08/602,272 Examiner: K. Canella

Filed : February 16, 1996 Group Art Unit: 1643

For : METHODS OF PREVENTING OR TREATMENT THROMBOSIS WITH TUMOR
NECROSIS FACTOR ANTAGONIST

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: January 16, 2008

Sir:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	10 -	* 20 =	*** X	\$25	\$50	=	0	
Independent Claims	1 -	** 3 =	*** X	\$105	\$210	=	0	
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No				\$185	\$370	=	0	
				TOTAL ADDITIONAL FEE \$ 0				

- ¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".



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Amendment Transmittal Letter

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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes ☐ No ☐

and a fee of \$ ☐ included)

☒ A Petition for an Extension of Time, including a fee of
\$ 1,050.00 for a Petition for 3 Month(s) Extension of Time

☐ Other (identify): _____

THE TOTAL FEE DUE IS \$ 1,050.00.

☒ A check in the amount of \$ 1,050.00 is enclosed.

☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.

☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

☒ Fees under 37 C.F.R. §1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:	
Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
	<u>1/16/08</u>
John P. White Reg. No. 28,678	Date